



Michigan Office of Financial & Insurance Services

LIFE AND HEALTH INSURANCE RULE, RATE & POLICY FORM FILING PROCEDURES MANUAL FOR NON-SERFF FILINGS

Bulletin 97-3 explains that you should not submit life and health policy forms to us unless: they are for credit insurance or you have not had a universal life insurance filing approved since January 10, 1994.

This revised manual replaces all previously communicated filing procedures.

TABLE OF CONTENTS	Page
MANUAL INTRODUCTION	2
Chapter 1 –LIFE & HEALTH FILING STRUCTURE	2
Chapter 2 – LIFE & HEALTH COMPANIES THAT HAVE UNDERGONE A NAME CHANGE	5

Required Filing Forms:

[PDF]	NAIC Life, Accident & Health, Annuity, Credit Transmittal Document (Instructions)
[PDF]	NAIC Intelligent Life, Accident & Health, Annuity, Credit Transmittal Document
[Word] [PDF]	NAIC Life, Accident & Health, Annuity, Credit Transmittal Document
FIS-0810	Discretionary Group Life Insurance Application

Our web address www.michigan.gov/ofis provides links to the Michigan Insurance Code and to OFIS bulletins issued after 1995.

MANUAL INTRODUCTION

PURPOSE

This manual is designed to provide you (insurers) with instructions and filing forms for Life & Health insurance products offered in Michigan. Conformance with manual instructions will

ensure that you receive a timely response to rate and policy form submissions (when applicable). Filings that do not contain the mandatory filing components will be returned without review. Our response will show which components need correction.

MANUAL UPDATES

The text in this manual contains a sequential page numbering system and filing forms with unique identification numbers and edition dates. We will post all manual and filing form revisions on our website for use in future filings.

ACTIONS WE WILL TAKE TO ACKNOWLEDGE AND RECORD YOUR FILING

- Approval:** All formal approvals or disapprovals will occur prior to 30 days from the date we receive your filing.
- Deemer:** All filings that are not approved or disapproved within 30 days from the date we received receive your filing will be deemed approved 30 days from the received date. However, we will contact you about the filing if we subsequently notice statutory violations.
- Rates:** All “prior approval” filings will be approved for use 30 days from the date we receive your filing, unless you specify a future effective date that is on or after the received date. All “file and use” filings will be approved for use on the date we receive your filing, unless you specify a future effective date.
- Replacement:** Policy forms, rules, and rates replaced by proposed versions will be inactivated the date the new submission is approved.
- Withdrawn:** Policy forms, rules, and rates that are withdrawn will be inactivated 30 days from the received date, unless you specify an effective date on or after the date we receive your filing.

Chapter 1 – LIFE & HEALTH FILING STRUCTURE

The purpose of this chapter is to describe the contents of a typical life and/or health filing and to provide instructions for submitting policy forms, riders, rating systems, and rates. A Life and Health Review Standards Checklist can be accessed by going to the OFIS home page at www.michigan.gov/ofis and clicking on “Industry Services,” then “Insurance”.

Pursuant to the Michigan Insurance Code, most life insurance and all annuity rates are not subject to filing. Rates are required to be filed for:

- Individual accident and health coverage (e.g., major medical, income disability, dental)
- Medicare Supplement (individual and group policies)

- Long Term Care (individual and group policies)
- Credit Life (individual and group policies)
- Credit Accident & Health (individual and group policies)

Each insurance affiliate within a holding company must separately submit filings and each filing must contain a filing cover letter for us to stamp approval or acknowledgment for our records. Also, a duplicate filing cover letter must be attached so we can return it to you showing our stamped approval or acknowledgement. **For example, if you are filing for four affiliated insurers, you need to send four complete copies of the filing cover letter, filing forms, and attachments as well as one duplicate filing cover letter.** Insurers must also include a self-addressed envelope with sufficient postage to return the duplicate filing cover letter.

Insurers must also include a self-addressed envelope with sufficient postage to return the duplicate of the filing letter. All filings submitted for “prior approval” or “file and use” acknowledgment should consider the requirements listed below. For your convenience, we have indicated when filing forms and attachments are mandatory.

The following items constitute an acceptable filing:

- 1) One FILING COVER LETTER for each insurer wishing to secure approval or acknowledgment of a filing. MANDATORY FOR EVERY FILING
- 2) A DUPLICATE FILING COVER LETTER to indicate OFIS approval or acknowledgement. MANDATORY FOR EVERY FILING
- 3) A self-addressed postage stamped envelope of sufficient size to return your duplicate filing cover letter. MANDATORY FOR EVERY FILING
- 4) A FILING MEMORANDUM that identifies and explains revisions by policy form/rider number, and page number. MANDATORY, EXCEPT FOR NEW PROGRAM FILINGS
- 5) An ACTUARIAL MEMORANDUM that explains the rates and rate development in detail for the specified products. MANDATORY when you want to utilize new or revised rates and rating systems.
- 6) THE NAIC LIFE& HEALTH UNIFORM TRANSMITTAL DOCUMENTS
 - a. Form Filing Schedule is MANDATORY when you desire to use new or revised policy forms/endorsements for the following lines of insurance and types of filings:
 - i. Credit Life/Accident/Health
 - ii. Insurance Medicare Supplement Insurance
 - iii. Universal Life Insurance (only if the insurer has not had a universal life policy approved since January 10, 1994)
 - iv. Certificates of Assumption

All other life & health policy forms/riders are exempt from filing and should not be

submitted pursuant to OFIS-Insurance Division Bulletin 97-3.

- b. Rate/Rule Filing Schedule is MANDATORY when you want to use new or revised rates and/or rating systems.
- 7) [FIS-0810](#) Discretionary Group Life Insurance Application. MANDATORY for insurers who are seeking to provide Discretionary Group Life Insurance. You must submit a \$100.00 filing fee. MCLA 500.4424 requires a minimum group size of 250 persons and states that the maximum face value of the life policy cannot exceed a CPI adjusted limit. See our web address www.michigan.gov/ofis for the current maximum face value.
- 8) Life & Health POLICY FORMS/RIDERS. A **sample revised** copy of each policy form/rider must be included when final printed policy forms/riders are not submitted with the original filing cover letter. You will then have 90 days after approval to submit final printed policy forms/riders for the filing, otherwise the filing approval will be withdrawn.
- 9) Life & Health RATE PAGES and MARKETING MATERIALS. Rate Pages are MANDATORY for every insurer seeking to use new or revised rates in Michigan. The entire rating system including every classification rate must be submitted with each new and/or revised filing. In addition, you must submit marketing materials for Long-Term Care and Medicare Supplement coverage. A **sample revised** copy of each manual rule/rate page must be included when final printed manual pages are not submitted with the original filing cover letter. You will then have 90 days after approval to submit final printed manual pages for the filing, otherwise the filing approval will be withdrawn.

The Filing Cover Letter

The FILING COVER LETTER should be addressed to OFIS-Product Review Unit. Your caption (RE:) must identify the specific individual insurer seeking approval or acknowledgment and the type of insurance for which you are seeking rate and/or policy form approval or acknowledgement.

The body of the FILING COVER LETTER must briefly outline the new insurance program or proposed changes to the existing program and the letter must be signed by an individual authorized to make Michigan filings for you.

The Filing Memorandum

The FILING MEMORANDUM must provide in-depth information about revised rates, policy forms, and riders.

It must also prominently display the name of the specific individual insurer and the line of insurance to which it pertains. The body of the filing memorandum must contain an itemization and explanation of proposed changes and identify where they occur in the manual rate pages and policy forms/riders.

Completion of NAIC Life, Accident & Health, Annuity, Credit Transmittal Document

Please see the NAIC Life, Accident & Health, Annuity, Credit Transmittal Document Instructions [\[PDF\]](#)

Chapter 2 – LIFE & HEALTH COMPANIES THAT HAVE UNDERGONE A NAME CHANGE

Pursuant to OFIS Bulletin 97-03, only the following policy forms/riders are required to be re-filed for approval with the new company name:

- 1) Credit Life/Accident/Health Insurance
- 2) Medicare Supplement Insurance
- 3) Universal Life Insurance (only if the insurer has not had a universal life policy approved since January 10, 1994)
- 4) Certificates of Assumption

When there is a name change, the best business practice is to ensure that all policies issued after the effective date of the change show the new company name. However, insurers may use a name change endorsement on new issues for up to 6 months to exhaust a supply of pre-printed policies that show the previous company name.